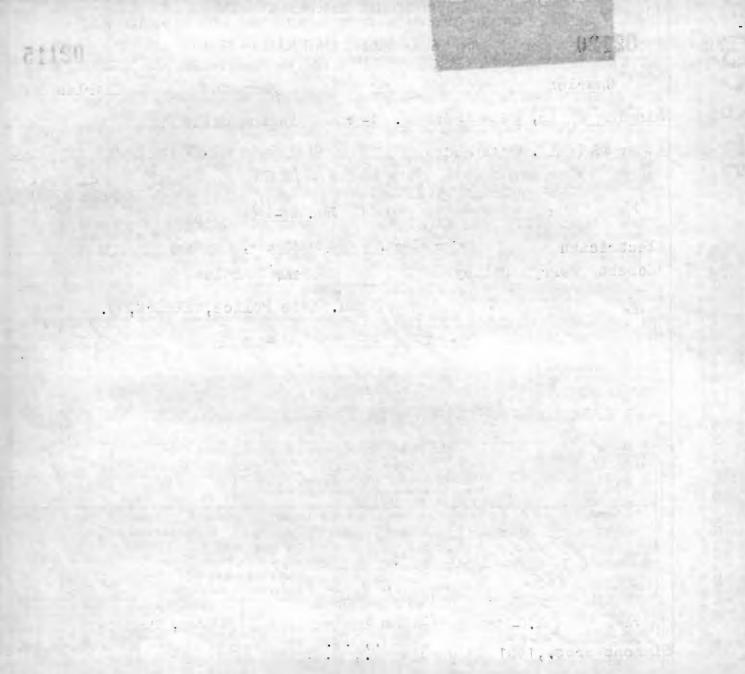
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02120 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE PLACE OF DEATH USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission c. COUNTY a. STATE b. COUNTY Charles death. Maryland Charles MARYLAND c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits. gud Singing Hills, White Plains Md. 1-yr Singing Hills d NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) B. IS RESIDENCE ON A FARM? haurs Star Route # 2. White Plains Item 18. Give Pages Star Route # 2. White Plains ate 3 NAME OF 101 DECEASED the DEATH (Type or print) AGE (In years lost birthdoy) IF UNDER 1 YEAR IF UNDER S SEX 6. COLOR OR RACE NEVER MARRIED DATE OF BIRTH Months Dovs Jan. 13-1942 WIDOWED DIVORCED 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired) COUNTRY? Major Elect. Baltimore. Maryland Electrician IISA 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME pencil be executed within Robert Perry Bailev Norine Shiplet puc .⊆ IS. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give wor or dotes of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Md.State Police.Waldorf.Md. no ONSEV AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), pac PART I. DEATH WAS CAUSED BY: burial-transit IMMEDIATE CAUSE (o' This certificate shauld writing the ward crematian. DUE TO Conditions, if ony, which gove rise to immediate couse (a) DUE TO stoting the underlying cause lost. 8 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) NO the certificate, 200. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ 205 DESCRIPE HOW INJURY OCCURRED. (Enter notuse of injury in Part 1 or Port II pritem 18.) CAUSE OF DEATH. 20d. INJURY OCCUPACD 20e. PLACE OF INJURY (Hame, form, 20c. TIME OF INJURY Month, Dov. Year 201. (City or town) factory, street, office bldg., etc.) While ot work please execute Health ar its designated 21. I certify that I took charge of the remains described above, held an Autapsy Inspection 🗍 Inquiry and in my apinian for Suicide Homicide death resulted from: Natural causes Accident Undetermined manner funeral director. CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** NAME (Type iddless (Street, city, town, or county) 230. BURIAL, CREMATION, & 23d. LOCATION (City or Town) 90 Burial (Specify) Elk Run Cemetery Elkton, Virginia 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR Charles Judge VR A15ME (5) Simmons Bros., 1661 GOOD Hope Rd., S.E. DATE

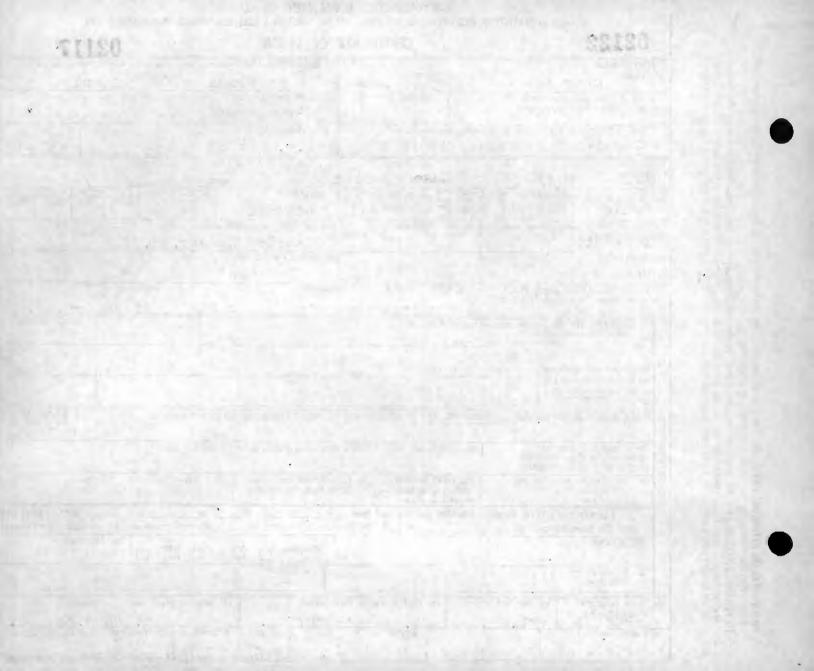
MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02121 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 02116FOR STATE HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) any delay is 1, 2, and 3 to m PM3. Page o. COUNTY o. STATE b. COUNTY 45 CHARLES CHARLES MARYLAND Maryland the State Department c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 16 write RURAL and give nearest town) Pisgah e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If nat in hospital, give street address) d. STREET ADDRESS ang with farm 00 Archart Funeral House NO YES Give Pages haurs after death. NAME OF Middle Month First Lost 4. DATE Day Year DECEASED BROWN 19 67 Edward Lee February 18, (Type or print) DEATH 1 YEAR IF UNDER 24 HRS. AGE (In years IF UNDER S SFX 6. COLOR OR RACE B. DATE OF BIRTH 7. MARRIED NEVER MARRIED last birthdoy) Months Doys Hours denth. Male White WIDOWEO DIVORCED 12/31/12 10o. USUAL OCCUPATION (Give kind of wark done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT ecute the certificate, writing the ward "pending" in pencil in He. Page 4 should be farwarded ta the Chief Medical Examiner's Of COUNTRY? during mast of warking life, even if retired) Lumber Yard after 24 in 1 Virginia Laborer 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME certificate should be executed within hours permit. File George Lee Brown Nina Taxton IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16. SOCIAL SECURITY NO (Yes, na, ar unknown) (If yes give war ar dates of service) event within Hawkins Funeral Home, Charlottesville, Va. 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE (AUSE (a) Arteriosclerotic cardiovascular disease DUE TO any Canditians, if any, which gove (b) rise to immediate cause (a). 9 DUE TO stoting the underlying cause gud 19. WAS AUTOPSY PERFORMEO? be used PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) remayal please execute the certificate, YES X NO Acute ethylism 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20g. EXTERNAL CAUSE WAS 3 shauld D PRIMARY Or CONTRIBUTING CAUSE OF DEATH cremation, 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, 20f. (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year foctory, street, affice bldg., etc.) Nat While may be retained for your FUNERAL DIRECTOR: Page ot work ot work 21. 1 certify that I taak charge of the remains described above, held an Autapsy [X]. Inspection and in my apinian Inquiry priar ta burial, Natural causes X funeral director. deoth resulted from: Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER February 20, 1967 Russell S. Fisher, M.D. **EXAMINER'S** Health Address (Street, city, town, or county) NAME (Type) 23o. BURIAL, CREMATION. 23b. OATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 0 REMOVAL (Specify) Batesville, Va. 2/22/67 Wildrose Cemetery Burial REGISTRAKS Cliantes 250. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15ME (5) 6M 1/67 HOWARD H. HUBBARD, 4107 Wilkens Ave.



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02122 CERTIFICATE OF DEATH and campletely filled in by the funeral remove carban papers. Pages 1 and 2 The law requires that the death certificate be executed within 24 hours after death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) I. PLACE OF DEATH b. COUNTY o. COUNTY Charles Maryland Charles MARYLAND c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town Bryantown d. STREET ADDRESS e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) Physician Memorial Hospital P.O. Box YES X NO [3. NAME OF Middle DATE First Month Dov Year DECEASED Mary Butler Rose. 19 6 (Type or print) IF UNDER 24 HRS S SEX 8. DATE OF BIRTH JE LINDER I YEAR 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last birthdoy) Months Dovs Hours Female Negro June 1882 WIDOWED DIVORCED 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 13. BIRTHPLACE (County & State, or foreign country) COUNTRY? during most of working life, even if retired) INDUSTRY Charles County, Md. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Unknown Unknown Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) ((If yes give wor or dotes of service) 16. SOCIAL SECURITY NO 17. INFORMANT Joseph Butler Box 23 Bryantown, Md. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUF TO Conditions, if any, which gave rise to immediate couse (a), DUE TO stoting the underlying couse O FUNERAL DIRECTOR: After this certificate has been PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? far use NO / 205. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED foctory, street, office bldg., etc.) Hour o.m. Not While 21. I certify that (I) (this haspital) attended the deceased fram_ 19/2 /. ta 1967, that (I) (we) last 1967, and that death accurred at 3:35 AM, from causes and an the date stated above. saw the deceased alive an 22b. DATE SIGNED 220. SIGNATURE ATTENDING STAFF PHYS. DIRECTOR . M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) EIRA 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 230. BURIAL, CREMATION, REMOVAL (Specify)_ OWN. Chas. Co. Bryantown. Mary's Ch.C em 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 Martell Adams Aquasco, Maryland y Cherylan Vinne



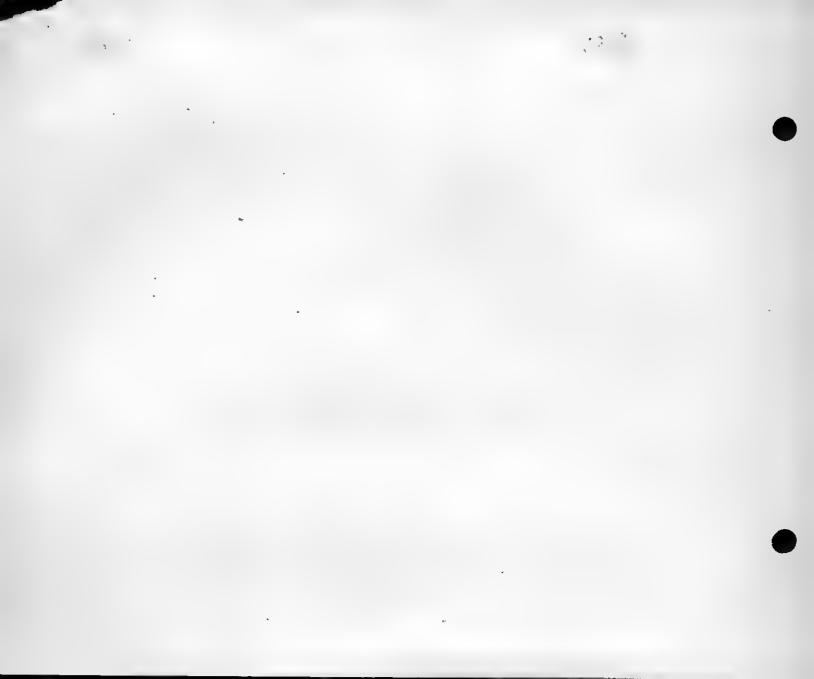
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02123 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY delay is and 3 to State Department of Charles MARYLANO Maryland Charles b. CITY OR TOWN (If outside corparate limits, write RURAL and give nearest town) C LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give negrest town) Fenwick Fenwick e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET AODRESS ta the Chief Medical Examiner's Office along with farm Box 177 Bryans Road MO KX in Item 18. Give Pages Bryans Rd. YES be executed within 24 haurs after death. Middle 3. NAME OF DATE Last Year Day DECEASED OF DEATH (Type or print) John Edward Driver S. SEX IF UNDER I YEAR IF UNDER 24 HRS 6. COLOR OR RACE DATE OF BIRTH 9. AGE (In years 7. MARRIED NEVER MARRIED lost birthdoy) Months Dovs Hours WIDOWED DIVORCEO May 6m 1899 white male in any event within 72 haurs after deat File pages I and 10o. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (Stote or foreign country) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life, even if retired) Eng. & Machinest INOUSTRY **COUNTRY?** Maryland USA pencil 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John E. Driver Susie .= 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address 16. SOCIAL SECURITY NO. permit. (Yes, no, or unknown) (If we give wor or dotes of service George Driver 3412 Cheverly Ave. Chev. Md. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) burial-transit PART I. DEATH WAS CAUSED BY: ONSET AND DEATH Arteriosclerotic cardiovascular disease IMMEDIATE CAUSE (o) This certificate shauld execute the certificate, writing the ward DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse 0 shauld be farwarded pup ds lost used 19. WAS AUTOPS)
PERFORMED? removal, PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO pe 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURREO. (Enter nature of injury in Part I or Part II of item 18.) 3 shauld 0 PRIMARY [] or CONTRIBUTING [] CAUSE OF DEATH. MEDICAL 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (Stote) 20c. TIME OF INJURY Month, Doy, Year (County) Hour om foctory, street, office bldg., etc.) Not While FUNERAL DIRECTOR: Page at work at work 21. I certify that I took charge of the remains described above, held an Autopsy Inquiry [and in my apinian Inspection X funeral directar. Natural causes X . Accident Suicide . death resulted fram: Undetermined manner be retained Hamicide EHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER prior SIGNATURE DEPUTY MEDICAL EXAMINER Werner U. Spitz, EXAMINER'S 2/14/67 M Health NAME (Type) Address (Street, city, town, or county) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) 23o. BURIAL CREMATION. (Stote) 5 0 BUTTATETY) Feb. 16, 1967 Epiphany Church Cemetery Prince Georges, Maryland 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTORWilhelm Funeral Home ADDRESS 250 REC'O BY REGISTRAR VR A15ME (5) Charley 6M 1/67 4308 Suitland Rd., Suitland, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02124 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission a. COUNTY a. STATE deloy is and 3 to of ofter death. MARYLAND Deportment C. LENGTH DE STAY IN 16 outside corporate limits, write RURAL and give nearest town) not in hospital, give street d. STREET ADDRESS IS RESIDENCE DN A FARM? along with form within 72 hours - NO ote 3. NAME OF DECEASED OF DEATH (Type or print) AGE (In years last birthday) COLOR OR RACE 7. MARRIED Months Hours WIDDWED DIVORCED hours any event 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT COUNTRY? pages in any 13. FATHER'S NAME pencil MDTHER'S MAIDEN (Yes, no, or unknown) (If yes give war or dates of service) removal. 18. CAUSE OF DEATH (Enter only one couse per line torg(o), (b), PART I. DEATH WAS CAUSED BY: 0 IMMEDIATE CAUSE (o' certificate should cremotion, DUE TO Conditions, if any, which gave rise to immediate couse (a). DUF TO stating the underlying cause PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? NO YES 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HDW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18. agent, prior PRIMARY Or CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INUIRY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, Cety or town (County) factory, freet, office bldg, etc.) may be retained for your FUNERAL DIRECTOR: Page of work its designated 21. I certify that I taak charge of the remains described above, held an Autopsy Inspection and in my opinion death resulted from? Natural causes Suicide Homicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 0 DEPUTY MEDICAL EXAMINER **EXAMINER'S** Heolth Address (Street, city, town, or county) NAME (Type) 23o. BURIAL, CREMATION. 23b. DATE THEREOF 236. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 50 REMOVAL (Specify) Cedar Hill Cemetery Feb. 22-67 Suitland, Maryland 25b. REGISTRAR'S SIGNATURE 2Sq. REC'D BY REGISTRAR **ADDRESS** 24. PINERAL DIRECTOR 1Charles VR A15ME (5 Simmons Bros 1661- Good Hope Road SE. Wash.,

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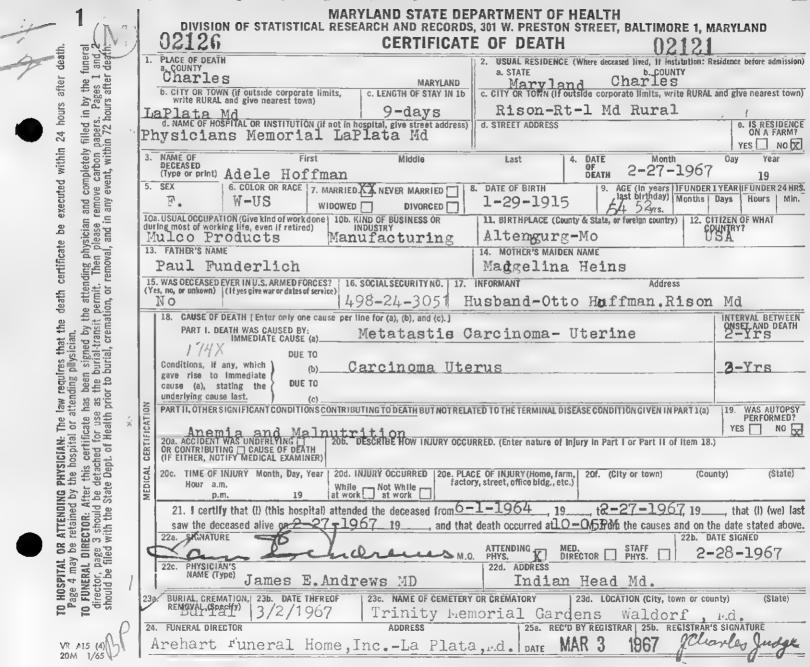
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FOR STATE	02125 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 021	20				
HEALTH DEPT.	1. PLACE OF DEATH G. COUNTY MARYLAND 2 USUAL RESIDENCE (Where deceased lived, if institution Resident of STATE) b COUNTY	ice before admission)				
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XAMIN ute the ge 4 st yaur fi yaur fi Page 3	While at wark factory, street, affice bidg , etc)	(5.616)				
ALAL EXAMINER: se execute the cert ctar. Page 4 should ned for your files. ECTOR: Page 3 should signated agent, pr	21. I certify that I took charge of the remains described above, held an Autopsy, Inspection, Inquiry, death resulted from: Natural causes, Accident, Suicide, Hamicide, Undetermined manner					
JTY MEST. ry, please e eral director be retained RAL DIRECTOR ar its design	ACTUAL CHIEF MEDICAL EXAMINER	22. DATE SIGNED				
o DEPUTY MESTAL EXAM necessary, please execute the funeral directar. Page 4 5 may be retained for your of FUNERAL DIRECTOR: Page Health ar its designated age	EXAMINER'S DEPUTY MEDICAL EXAMINER	- 21 -17				
no DEPUTY MESCAL EXAMINER: The necessary, please execute the certificative funcial director. Page 4 should be mained for your files. O FUNERAL DIRECTOR: Page 3 should be retained for your files.	NAME (Type) 230' BURIAL (REMATION, REMOVAL (Specify) 230' BURIAL (REMATION, REMOVAL (Specify) 230' Address (Street, city, town, or county)	(County) (Stote)				
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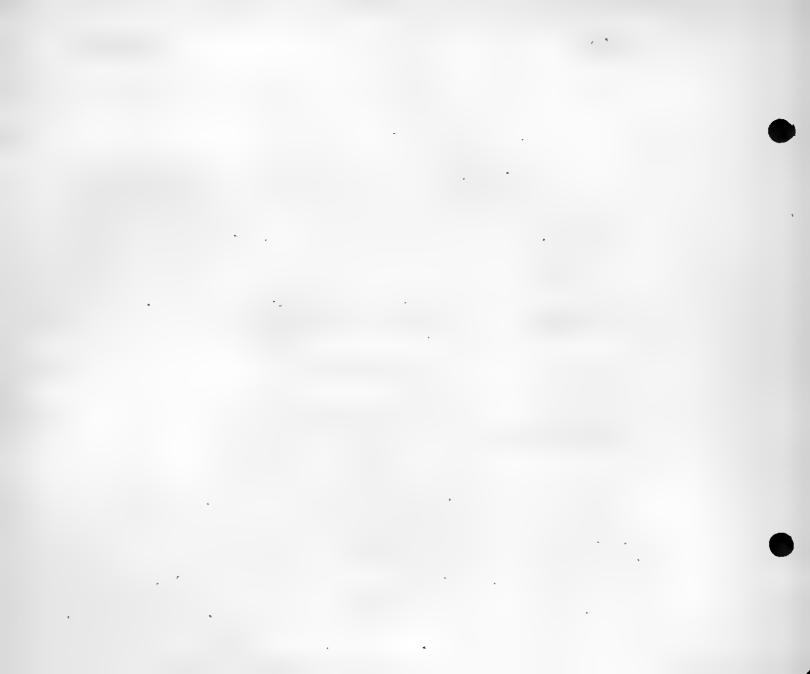
MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution Residence before admission) o COUNTY o STATE b. COUNTY ᅙ Maryland MARYLAND Charles State Department b CTY OR TOWN (If outside corporate I mits, c LENGTH OF STAY IN 1b c CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) write RURAL and give nearest tawn) Pisgah d NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) d STREET ADDRESS IS RESIDENCE ON A FARM? the Chief Medical Examiner's Office along with farm 10 Arehardt Funeral Home YES NO. Give Pages be executed within 24 haurs after death NAME OF First Middle 4. DATE Los! Month Doy Year DECEASED **OF** Clif (Type or print) Henderson DEATH 20 19 67 IF UNDER 24 HRS S SEX 6 COLOR OR RACE AGE (n years IF UNDER I YEAR 7 MARRIED NEVER MARRIED B. DATE OF BIRTH lost birthday) Dovs Months Hours in pencif in Item 18. DIVORCED WIDOWED male colored 65 yrs deat 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (Stote or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? within 72 hours after 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Fle 15 WAS DECEASED EVER IN U.S. ARMED FORCES? Address 16. SOCIAL SECURITY NO. 17. INFORMANT permit, I (Yes, no, or unknown) If If yes give wor or dotes of service) pending" 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY ONSET AND DEATH burnal-transit any event Massive spontaneous intra-cerebral hemorrhage IMMEDIATE CAUSE (a). writing the ward This certificate should DUE TO Conditions, if only, which gove (b) 0 nse to immediate couse (a), and in DUE TO stating the underlying couse 0 the certificate, writing t 4 should be farwarded lost. be used PART AL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? remayal, CERTIFICATION YES 🛣 NO 20o EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED (Enternature of naury in Port Lor Port Lof Item 1B.) 3 shauld PRIMARY Or CONTRIBUTING crematian, or MEDICAL EXAMINER: CAUSE OF DEATH. MEDICAL 20e PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Dov. Year 20d NURY OCCURRED (City or town) (County) (State) Hour a.m. foctory, street, office bldg, etc.) Not While FUNERAL DIRECTOR: Page of work ot work 21. I certify that I took charge of the remains described above, held an Autapsy \$7]. Inspection Inquiry (and in my opinion Natural causes X death resulted fram: Accident Suicide Hamicide Undetermined monner funeral director be retained CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER 1 Health prior DEPUTY MEDICAL EXAMINER 2/21/67 Werner U. Spitz, M.D. NAME (Type Address (Street, city town, or county) 230. BUR AL CREMATION NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) DATE THEREOF (County) 0 REMOVAL ISSECTIVE 6:00 IMOR 24. FUNERAL DIRECTOR ADDRESS 2So. REC'D BY REGISTRAR 2Sb REGISTRAR S SIGNATURE VR ATSME (5 1967 6M 1/67





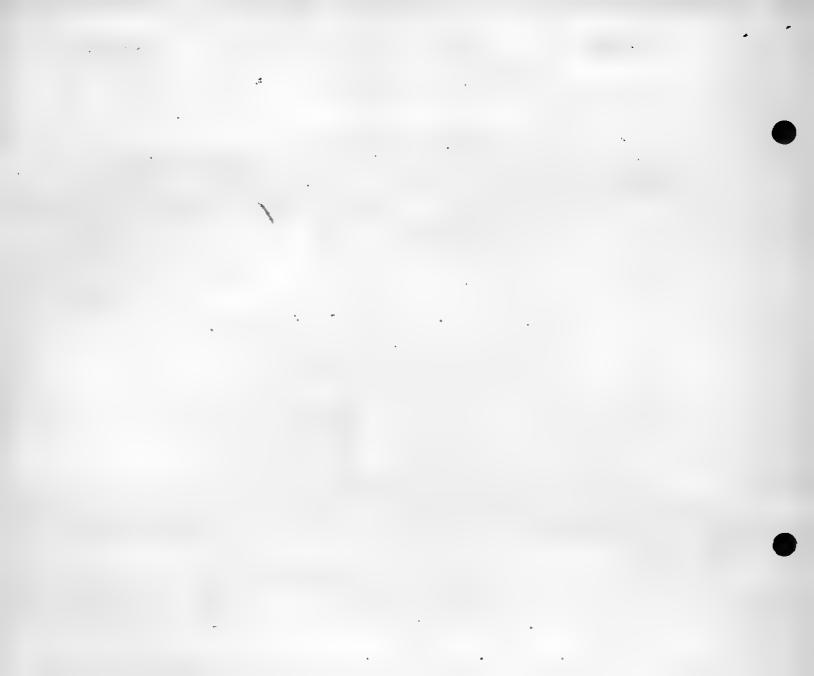


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02127 CERTIFICATE OF DEATH low requires that the death certificate be executed within 24 hours after death. deoth puo physician ond campletely filled in by the funeral en please remove corbon popers. Pages I and Aval, and in any event, within 72 hours after deat 2. USUAL RESIDENCE (Where deceased aved PLACE OF DEATH institution. Residence before admission. o COUNTY b. COUNTY MARYLAND c. LENGTH OF STAY IN 16 corporate limits, write RURAL and give nearest town) write_RURAL op 3 6 e. IS RESIDEN INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS ON A FARM? YES] NO 🔀 3 NAME OF Middle 4. DATE Month DECEASED (Type or print) ÛF ٦, ā al. DEATH AGE (In years IF UNDER 24 HRS OR OR RACE NEVER MARRIED OF BIRTH last birthdoy) Dovs Hours WIDOWED DIVORCED 10g USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT BIRTHPLACE (County & State or foreign country) during most of working life, even if retired) INDUSTRY COUNTRY 2 Corla J3. FATHER'S NAME ンセン signed by the ottending 15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no) optunknown) (If yes give wor or dotes of service 16. SOCIAL SECURITY NO. 17 ANFORMAN' burrol-tronsit permit, CAUSE OF DEATH (Enter only one couse per line for (p), (b), and (e),) NTERVAL BETWEEN PART I. DEATH WAS CAUSED BY ONSET AND DEATH Nome IMMEDIATE CAUSE (o) DUE TO buriol, Conditions, if ony, which gove rise to :mmediate couse (a). DUE TO stoting the underlying couse by the hospital or attending TO FUNERAL DIRECTOR: After this certificate has been State Dept. of Health prior to for use as the (c) 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) MEDICAL CERTIFICATION NO 205, DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 200 ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH detoched (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, 20f (City or town) (County) (Stote) TIME OF INJURY Month, Doy, Year Hour o.m. factory, street, office bldg., etc.) Not While of work ot work pe 21. I certify that (I) (this hospital) attended the defeased from be retoined should and that death accurred at 2:15 PM, from causes and an the date stated above saw the deceased alive on 220. /SIGNATURE 22b. DATE SIGNED ATTENDING STAFF director, page 3 should be filed v M.D. PHYS DIRECTOR PHYS 22d. ADDRESS 22c PHYSICIAN'S NAME (Type director, 230 BUR AL CREMATION 23c NAME OF CEMETERY OR CREMATORY DATE THEREOF 23d: LOCATION (City or Town) (County) (Stote) CREMOVAL (Specify) 25b REGISTRAR'S 250. REC'D BY REGISTRAR

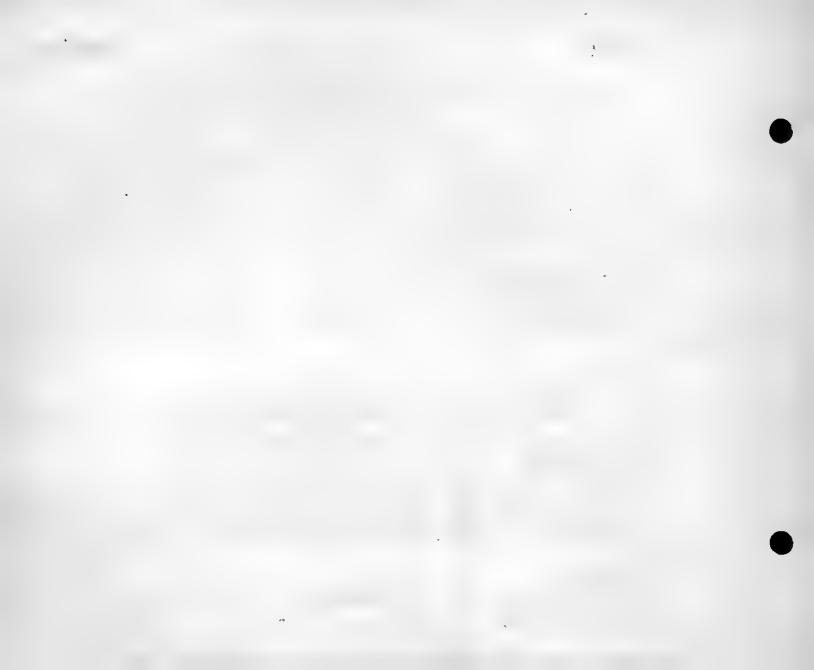


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02128 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution: Residence before admission) a. COUNTY o. STATE h COUNTY Page 0 Charles Maryland Charles ofter deoth MARYLAND b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) c CITY OR TOWN (if autside carporate limits, write RURAL and give nearest tawn) C . FNGTH OF STAY IN 16 La Plata D.O.A. Rural Plata d NAME OF HOSP TAL OR INSTITUT ON (If not in hospital, give street address) d STREET ADDRESS S RESIDENCE ON A FARM? hours (Physicans Hemorial Hospital YES NO KIX 3 NAME OF 4 DATE Last Doy DECEASED February 22,1967 JOHNSON (Type or print) TRVING PEJJ DEATH IF UNDER 1 YEAR 6 COLOR OR RACE NEVER MARRIED 8 DATE OF BIRTH AGE (In years IF UNDER 24 HRS April 27,1941 Days Negro event IQu USUA, OCC. PATION (Give kind of work done 11 BIRTHPLACE (State or fareign country) 106, KIND OF BUSINESS OR 12 CIT ZEN OF WHAT Coca Bottling Charles Co., Aid. pogess | 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME This certificate should by executed within Benedict Johnson Irene Mary Lyles and 15 WAS DECEASED EVER IN 5 ARMED FORCES?
(Yes, no apunknown) (fyes give war ar dates of service) 16 SOCIAL SECURITY NO AddresBOX 267A 17 INFORMANT removol, 220-38-49 Ars. Alice E. Johnson-Wife Waldorf 1B. CAUSE OF DEATH (Enter only one cause per lin INTERVAL BETWEEN PART I DEATH WAS CAUSED BY Ь IMMEDIATE CAUSE (a) nsed as a burial-ta burial, cremation, writing the word DUE TO Canditions, if any, which gave nse to immediate cause (o), DUE TO stating the underlying couse PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19 WAS AUTOPSY PERFORMED? NO K YES 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Port II of Item 18.1 3 shauld PRIMARY | or CONTRIBUTING | CAUSE OF DEATH 20d INJRY OCCURRED 20c TIME OF INJURY Month, Doy, Year 20e, PLACE OF INJURY (Home, form (City or town) (County) (State) Nat While factory, street, affice bldg., etc.) may be retoined far your FUNERAL DIRECTOR: Page at work at wark -21. I certify that I taak charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion Natural eauses death resulted from Accident Surcide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** Heolth B. J. Edelen, M. La Plata Adogess Micet, city, town, or country) NAME (Type) 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY BURIAL CREMATION. 23d LOCATION (City or Town) 0 1967 St. Hary's Cemetery Bryantown Harvland 24 FUNERAL DIRECTOR 25a. RECD BY REGISTRAR VR A15ME (5) Funeral Mome, Inc. Ba Plata, M.d.

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02129 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. COUNTY a. STATE b. COUNTY ote Deportment of hours after death. MARY, AND 36 LENGTH DE STAY IN 1h c CITY OR TDWN (If outs de carparete mits write RURAL and give nearest puo d NAME OF HOSP TAL DR INSTITUTION III not in hash far give street address) e IS RESIDENCE d STREET ADDRESS ON A FARM? with farm NO I 8. Give Pages hours ofter death 3. NAME OF First. M dd e DATE Year DECEASED OF DEATH #he (Type or print) 19 60 S. SEX AGE (n years F UNDER 1 YEAR .. NDFR 24 HRS 7 MARRIED DATE DE RIPTH Months rigay) Dovs Haurs 0 W DOWED DIVORCED event 106 KIND OF BUSINESS OR State or foreign country 12 CITIZEN OF WHAT 10o LSUAL OCCUPATION (Give kind of work digner COUNTRY? during most of working life even if retired) INDUSTRY poges I word 'pending' in pencil 'r the Chief Medical Examiner' pencil 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME pup Crust. IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address certificate should be executed permit. (Yes, na, prunknown) (If yes give wor or dates of service) or removal. CAUSE OF DEATH (Enter only one couse per ne fet (b), and (c).) bursol-transit PART I. DEATH WAS CAUSED BY ONSPI AND IMMEDIATE CAUSE (o) writing the word cremotion, DUE TO Canditions, if any, which gove forwarded to rise to immediate couse (o), OUE TO stating the underlying cause O 0.5 burial, 1 WAS AUTOPSY PART 1). OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) MEDICAL CERTIFICATION PERFORMED? YES [NO 20o EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of more or Port It of item 18) PRIMARY Or CONTRIBUTING CICAL EXAMINER: CAUSE OF DEATH 20c T.ME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (State) While factory, street, office bldg., etc.) Not While may be retained for your FUNERAL DIRECTOR: Poge 19 at work at work 21. I certify that I tack the ge of the remains described above, held an Autopsy Inspection 🚁 Inquiry and in my apinian death resulted from: Homicide | funerol director. Accident Suicide Undetermined manner Matural couses 4 CHIEF MEDICAL EXAMINER **ACTUAL** 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY 5 may be TO FUNERAL Health or i OEPUTY MEDICAL EXAMINER **EXAMINER'S** NAME (Type) Address (Street, city, town, or county) 23a BURIAL, CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Tawn) (County) REMOVAL (Specify) Burial Arlington National Cemetery - Arlington, Virginia Feb. 17- 67 24 FUNERAL DIRECTOR 25a REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Burat VR A15ME (5) Simmons Bros. 1661- Gd. ope Road SE. Wash. DC ON FEB 6M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02130 CERTIFICATE OF DEATH executed within 24 hours after death. puo and completely filled in by the funeral remaye carban papers. Pages 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence a. COUNTY **b.** COUNTY arles County MARYLAND b CITY OR TOWN (If autside corparate limits, c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 write RURAL and give nearest tawn) BRANDY LINE Lifetime Malcolm d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS ON A FARMS YES NO 3 NAME OF Middle 4. DATE First Last Day Year DECEASED (Type ar print) DEATH 19 67 FUNDER 1 YEAR IF UNDER 24 HRS. S SEX AGE 6. COLOR OR RACE DATE OF BIRTH (n years 7. MARRIED **NEVER MARRIED** last birthday) Months Haurs Days WIDOWED DIVORCED Negro Inknown Male 10a USLAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT ar removol, and in requires that the death certificate be pleose during most of working life, even if retired) INDUSTRY COUNTRY? Farming Charles County 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Aline-Sewell Unknowny Jane Slater 15 WAS DECEASED EVER IN U.S. ARMED FOR CES? (Yes, na, ar unknawn) (If yes give war ar dates of service) Brandywine, Meryland 16. SOCIAL SECURITY NO. 17 INFORMANT Aline Sewell Rt. 1 Box 284 18. CAUSE OF DEATH (Enter only one couse per line for (g), (b), and (c)) INTERVAL BETWEEN ONSET AND DEATH buriol-tronsit PART I. DEATH WAS CAUSED BY mohan IMMEDIATE CAUSE (a) signed by DUE TO Canditians, if any, which gave rise to immediate cause (a), DUE TO stating the underlying cause TO FUNERAL DIRECTOR: After this certificate hos been the 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH/PUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION NO T 힏 20a ACCIDENT WAS UNDERLYING □ 205, DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18) OR CONTRIBUTING CAUSE OF DEATH detoched (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e, PLACE OF INJURY (Hame, farm, (City or, town) (State) 20c. TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED (County) factory, street, affice bldg., etc.) Haur a.m. Not While at wark 21. I certify that (1) (this hospital) attended the deceased from . to 1967, and that death accurred of 3.45 M, from couses and on the date stated above. saw the deceased alive an 27o. SIGNATURE 22b. DATE SIGNED STAFF director, page 3 should be filed w M.D DIRECTOR 22d\ ADDRESS 226_PHYSICIAN'S NAME (Type) A 23b. DATE THEREOF 23r. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial Church Aduasco Pr. Geo. Md. 2Sb. REGISTRAR'S SIGNATURE 2Sa REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 deime (lillasco.



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 haurs after death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. physician and completely filled in by the funeral if institution Residence pefore admission) a. COUNTY MARYLAND c. LENGTH OF STAY IN 16 b CITY OR TOWN (If autside carparate limits c. CITY OR TOWN write RURAL and give negrest tawn) RURAL and nive nearest tawn d. STREET ADDRESS e. IS RESIDENCE (If not in haspital, give street address ON A FARM? YES NO Y NAME OF Middle Last 4. DATE Month Dav (Type or print) OF DEATH 196 SEX FUNDER I YEAR IF UNDER 24 HRS 6 COLOR OR RACE AGE (In years birthday) Manths Days DIVORCED MIDOWED 12 CIT ZEN OF WHAT COUNTRY? 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 1) BIRTHPLACE (County & State, or fareign country) during most of working life, even if retired LNDJSTRY 13 FATHER'S NAME the attending ren 16. SOCIAL SECURITY NO 15 WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT (Yes, no, as unknown) (If yes give war ar dates of service signed by the attend burial-transit 1B. CAUSE OF DEATH (Enter any one cause per line for (a), (b), and (c)? PART I. DEATH WAS CAUSED BY-IMMEDIATE CAUSE (a) ONSET AND DEATH DUE TO Conditions, if ony, which gove rise ta immediate cause (a), DUE TO stating the underlying cause Page 4 may be retained by the haspital ar attending O FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached far use as the shauld be filed with the State Dept. of Health priarta WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART CERTIFICATION YES 🔲 NO 20g. ACCIDENT WAS UNDERLYING 205 DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Manth, Day, Year 20e PLACE OF INJURY (Hame, farm, (City or town) (County) (Stote) Hour o.m. Nat While factory, street, office bldg., etc.) at wark 21. I certify that (I) (this haspital) oftended the deceased from KOPM, fram causes and an the date stated above. saw the deceased alive an and that death accurred at. 22a, SIGNATURE 22b. DATE SIGNED **ATTENDING** STAFF V DIRECTOR M.D. AUDRESS 22c PHYSICIAN'S NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a BURIAL CREMATION, 23b. DATE THEREOF (County) (State) REMOVAL (Specify) ADDRESS FUNERAL DIRECTOR VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 02132 HEALTH DEPT. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived if institution. Residence before admission) o COUNTY n STATE b. COUNTY Page Charles ō death Maryland Charles MARY, AND b CITY OR TOWN (if outside corparate limits, r. LENGTH OF STAY IN 16 c City OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)
Hughesville after Hughesville d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS B IS RESIDENCE haurs YES X NO [Give Pages ate Office alang with NAME OF 4 DATE Month Year DECEASED (Type or print DEATH S SEX 7 MARRIED NEVER MAILRIED DATE OF BIRTH 9 AGE (n years F UNDER IF LINDER (ast birthdoy) Months Dovs Hours DIVORCED **₩IDOWED** Nov. 15 avent gug 100 USUAL OCCUPATION (Give kind of work done 10b K ND OF BUSINESS OR 12 CITIZEN OF WHAT during most of working life, even if ret red) US A INDUSTRY in any Prince George C.

14 MOTHER'S MAIDEN NAME Låborer Farming Examiner's 13 FATHER'S NAME penci George A. Smallwood Betty McGruder and IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT permit. (Yes, no, or unknown) (If yes give war or dates of service) remava!. Unkown Arthur Smallwood, Port Tobacco, Md. No 18 CAUSE OF DEATH (Enter only one course per line and (c). burial-transit PART I DEATH WAS CAUSED BY crematian, ar certificate shauld the word DUE TO Conditions, if ony, which gave rise to immediate couse (o). DUE TO О stoting the underlying couse lost. 50 burial. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) WAS ALTOPS PERFORMED? NO 200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 1 of Item 18) PRIMARY CONTRIBUTING CAUSE OF DEATH MEDICAL 20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc) Not While may be retained for your FUNERAL DIRECTOR: Page of work 21. I certify that I taak charge of the remains described above, held an Autopsy Inspection Inquiry and in my apinion death resulted fram// Natural causes Accident Suicide | Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MED CAL FXAMINER SIGNATURE the funeral O DEPUTY DEPUTY MEDICAL EXAMINER **EXAMINER'S** ro FUNE Health NAME (Type) Address (Street, city, town, or county) 23d. LOCATION (City or Town) Wartournand (Stote) BURIAL CREMATION 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY Burial (Specify) .1967 John Wesley Aquasco, Prince George 25b REGISTRAR S SIGNATUR 24. FUNERAL DIRECTOR 25g. REC'D BY REGISTRAR VR ATSME (5) 1967 Funeral dome Inc. La Plata, de 6M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death death. physician and campletely fulled in by the funeral 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence 1. PLACE OF DEATH o. COUNTY b. COUNTY o. STATE Maryland Charles MARYLAND <u>@harles</u> c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate timits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, write RuRAt and give georest town) Issue d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? Physicans Memorial Hospital carban pap ent, within 7 YES 📑 NO A Middle NAME OF First 4. DATE Year DECEASED Bumb SMOTHERS O.F Camille Rae DEATH (Type or pnnt) 9. AGE (In years 5 SEX 6. COLOR OR RACE 7. MARRIED **NEVER MARRIED** DATE OF BIRTH Months lost birthdoy) Dovs Hours* Female Negrd WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR 1) BIRTHPLACE (County & State, or foreign country) 12 CIT ZEN OF WHAT COUNTRY? during most of working the even if refired) INDUSTRY La Plata Md . 14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME Fredrick Coren Bumbry Emma Jean Smothers IS WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16 SOCIAL SECURITY NO. Issue (Yes, no, or unknown) [(If yes give wor or dates of service) Mr. John W. Smothers-Grandfather None INTERVAL BETWEEN B. CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c).) signed by the burial-transit p ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate couse (a), DUE TO stoting the underlying couse O FUNERAL DIRECTOR: After this certificate has been ige 1 last. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) WAS AUTOPSY PERFORMED? MEDICAL CERTIFICATION USe of Health NO fa 205 DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18.) 20¢ ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or lown) (Stote) 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (County) Hour o.m. foctory, street, office bldg., etc.) Not While at work at work 21. I certify that (!) (this hospital) attended the deceased from 2-2 19____, that (I) (we) lost and that death occurred at 3 PM, fram causes and on the date stated above saw the deceased olive on, 22b. DATE SIGNED 22o. SIGNATURE ATTENDING -MED. Director M.D PHYS. PHYS 22d. ADDRESS 22c. PHYSICIAN'S MO NAME (Type) director, shauld b 23d LOCATION (City or Town) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) BUR AL, CREMATION, Burial's Burial /1967 Ghost Cemetery Larvland Issue 2Sb. REGISTRAR'S SIGNATURE 250 REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 1967 20 M 1/66 Arehart Fune al Home. Inc .- La Plata Nd



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	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLA	IND 21201
FOR STATE	02134 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	02129
HEALTH DEPT.		lived, if institution Residence before admission)
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n 24 I in loger's	13. EATHER'S NAME DOMESTIC MARYLAND	2
within 24 in penclin Examiner's Proposes I have propes 2 haves offer the propes 2 have propes 2	JOSEPH H. STEWART AGNES ST	TEWART
EX P	IS WAS DECEASED EVER IN U.S ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT	Address
executed nd ng'r Medical I permit.	(Yes, no, or unknown) (If yes give war or dates of service)	
INER: This certificate shauld be executed within e certificate, writing the ward "pending" in pencil should be farwarded to the Chief Medical Examine files. 3 shauld be used as a burial-transit permit. Pe pagaran, ar removal, and in any event within 72 hours	18 CAUSE OF DEATH (Enter only one couse per line for (a) (b) and (c))	INTERVAL BETWEEN ONSET AND DEATH
be printed in printed	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Multiple stab wounds	UNSEL AND DEATH
ruld rord re Cl	YX.2.X DUE TO	
shauld be end per to the Chief I burnal-transit any event	Conditions, if ony, which gove (b) (b)	
firate s ing the rded to as a b and in	stoting the underlying couse DUE 10	
ertificate shauld writing the ward rwarded to the Cl sed as a burial-tra vol, and in any ev	lost (c)	N PART 1(a) 19 WAS AUTOPSY
This certificate shauld tote, writing the ward be farwarded to the Cl. be used as a burial-tremoval, and in any every	PART IT OTHER SIGN CLARIC CONDITIONS CONTRIBUTION TO DEATH BUT NOT RELATED TO THE TEXAMPLE DISEASE CONDITION OF THE	N PART 1(o) 19 WAS AUTOPSY PERFORMED? YES NO
This cate be fee fee fee fee fee fee fee fee fee	20b. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port for Port 1 PR MARY STOR CONTRIBUTING Stabbed during altercation	
INER: This he certificate, should be fa falles. 3 should be used the should be used to shoul	20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port or Port PR MARY TO OCCURRED (Enter noture of injury in Port or Port CAUSE DE DEATH 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port or Port Stabbed during altercation	
EXAMINER: cute the certi age 4 shauld age 4 shauld r your files. Page 3 shaul crematian, a	20c. TIME OF INJURY Month, Doy, Year 20d N.LRY OCCURRED 20e PLACE OF INJURY (Home form, 20f	ity or town) (County) (Stote)
	Hour 20 1967 While Not While Parking Lot Walling Not While Parking Lot Walling Not While	orf Charles hd.
AL EXA	21. I certify that I taak charge of the remains described above, held an Autopsy 🔀, inspection	, Inquiry , and in my apınian
se exec ector. Po med for ECTOR: burnal,	death resulted from Natural causes [7], Accident [7], Suicide [7], Hamicide [72], Under	etermined manner
JIY MEDICA IIY, please exert director. be retained RAL DIRECTO prior to burn	ACTUAL CHIEF MEDICAL EXAMINER	
P P P P P P P P P P P P P P P P P P P	SIGNATURE MD ASSISIANI MEDICAL EXAMINER	
EPUTY SSSORY, F funeral oy be r INERAL th prior	EXAMINER'S NAME (Type) Charles S. Petty DEPUTY MED CAL EXAM NER L Address (Street, city, town, or	
no DEPUTY MEDICAL EXAM necessary, please execute the funeral director. Page 45 may be retained for your TO FUNERAL DIRECTOR: Page Heath prior to burial, crema		110% (City or Town) (County) (State)
5 5 ± 2 5 ± U	DENOVAL (Secola)	LDORF MD.
M	24 FUNERAL DIRECTOR , ADDRESS 250 RECO BY REGISTRAR	25b REGISTRAR S S GNATURE
VR A15ME (5)	HUNTT FUNERAL HOME WALDORF, MD. DATEFEB 16	1967 Volianta Vugar



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02135 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death physician and campletely filled in by the funeral en please remave carban papers. Pages 1 and 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased fixed, if institution. Residence before admission.) o. COUNTY o STATE b. COUNTY MARYLAND c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate amits, write RURAL and give nearest town) (If outside corporate limits, MINIS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? YES TO NO 52 NAME OF Eirst Middle 4 DATE Month Year Doy DECEASED OF DEATH (Type or print) 5 SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HR last birthdoy) Months Days Hours WIDOWED DIVORCED 10o. USUAL OCC JPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) during most of working ite, even if retired) HOUSTRY COUNTRY? HOUSEWIFE LAND 13 FATHER S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT (Yes, no. or unknown) (If yes give wor or dates of service) per 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), ond (c)) PART I. DEATH WAS CAUSED BY cremat burial-transit IMMEDIATE CAUSE (6) DUE TO l paubis Conditions, if any, which gove rise to immediate couse (a). DUE TO Page 4 may be retained by the haspital or attending storing the underlying couse has been directar, page 3 should be detached far use as the should be fil≡d with the State Dept. af Heatth priar to lost. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(6) WAS AUTOPSY PERFORMED? CERTIFICATION YES NO P this certificate 20o. ACCIDENT WAS UNDERLYING [3] 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, form (City or town) (County) (Stote) factory, street, office bldg., etc.) Not While FUNERAL DIRECTOR: After 21. I certify that (I) (this hospital) attended the deceased fram____ , 1965, that (I) (we) last to 2-22 3 should and that deoth occurred of saw the deceased alive on, A-M, from causes and an the date stated obove. 22o. SIGNATURE 22b. DATE SIGNED **ATTENDING** M.D. PHYS DIRECTOR 22c. PHYSICIAN'S 22d ADDRESS NAME (Type) BURIAL, CREMATION DATE THEREOF 23c., NAME OF CEMETERY OR CREMATORY 23d ADCATION (City or Town (County) (State REGISTRAR'S SIGNATUR

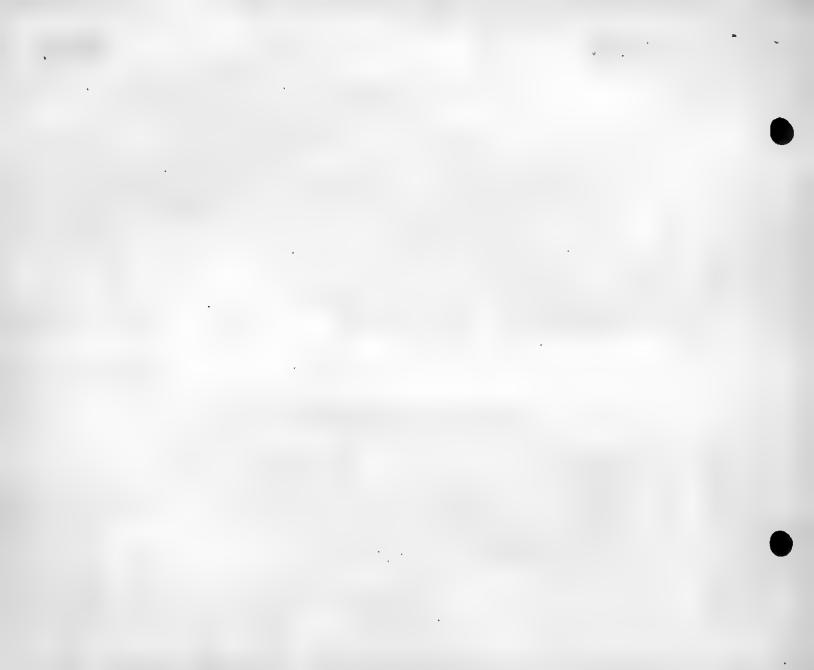


CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) a COUNTY b. COUNTY CHARLES MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give mearest town) d NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? OR INSTITUTION YES NO 🗵 NAME OF DECEASED Middle 4. DATE Month Yeor Lost OF DEATH (Type or print) 190 5. SEX DATE OF BIRTH 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS MARRIED TO NEVER MARRIED Months Doys Hours DIVORCED [WIDOWED [10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 13. FATHER'S NAME IS. WAS DECEASED EVER IN U INFORMANT S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address CAUSE OF DEATH [Enter only one couse per line to la), (b), and INTERVAL BETWEEN PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) **DUE TO** Conditions, if ony, which gove rise to immediate **DUE TO** couse (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO IX 20a. ACCIDENT WAS UNDERLYING A
OR CONTRIBUTING ACCUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. [Enter nature of injury in Port I ar Port II of item 18.] (IF EITHER, NOTIFY MEDICAL EXAMINER) 20s. PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY Month, 20d. INJURY OCCURRED Doy, Year (County) (Slote) foctory, streat, affice bldg., etc.) Hour a.m. While Not while ot work of work p. m 21. I certify that I attended the deceased from that I last saw the deceased alive an and that death accurred M, from the causes and an the date stated abave. ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 22b. DATE THEREOF 220. BURIAL, CREMATION, 22c. NAME OF CEMETERY OR CREMATORY (Stole) REMOVAL (Specify) 0 **FUNERAL DIRECTOR'S SIGNATURE** ADDRESS 246 REGISTRAR'S SIGNATURE 24a REC'D BY REGISTRAR VS A15 (4) 15M 9/55

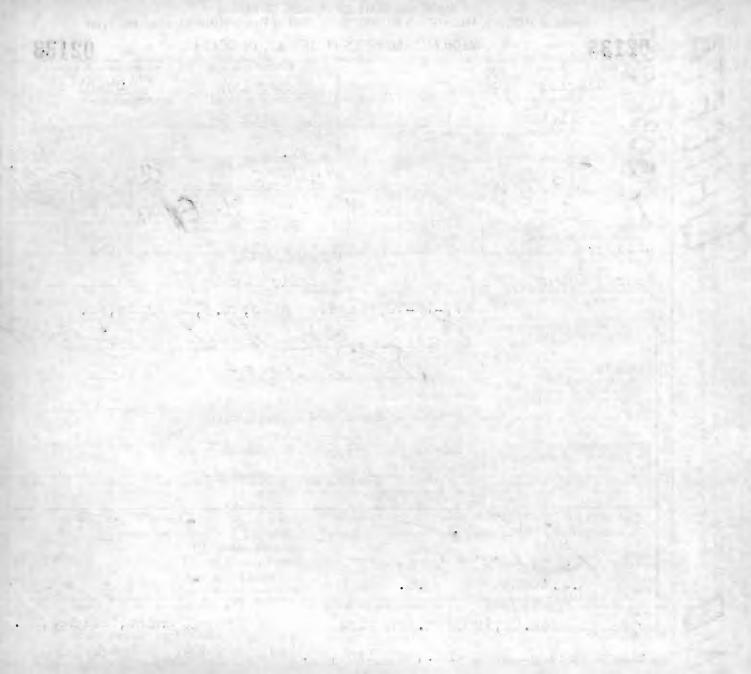
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 02137 low requires that the death certificate be executed within 24 hours after death filled in by the funeral papers. Pages 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admiss an) a. COUNTY **b.** COUNTY papers. Pages 1 whin 72 hours ofter o MARYLAND c. LENGTH OF STAY IN 16 b CITY OR TOWN (If outside carporate limits. c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) write RURAL and give nearest town) LDORF d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS IS RESIDENCE ON A FARM? SICIANS YES NO MEMBRIAL To be NAME OF Middle 4 DATE First Month Doy Year TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon DECEASED OF DEATH FSSIF 19 Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS SEX AGE (in years 6. COLOR OR RACE **NEVER MARRIED** lost birthday) Months Days Haurs and in any WIDOWED DIVORCED 10a LSUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY CWOR 657 13 FATHER'S NAME MOTHER'S MAIDEN NAME ar removol, DELINE 17 INFORMANT IS WAS DECEASED EVER IN U.S. ARMED FORCE S? 16 SOCIAL SECURITY NO (Yes, na, ar unknown) (If yes give war or dates of service burial, cremation, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) ONSET AND DEATH PART I DEATH WAS CAUSED BY ARDIGVASCULAR IMMEDIATE CAUSE (a) or aftending physician. DHE TO Conditions, if any, which gave nse to immediate couse (o). DUE TO for use as the b f Health prior to b stating the underlying cause CAROLAL PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) WAS AUTOPSY PERFORMED? CERTIFICATION NO 200 ACC DENT WAS UNDERLYING 205 DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part ! or Part II of item 18.) by the hospital l be detached fo State Dept. of H OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Hame, farm, (City or town) (County) (Stote) 29c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED Haur o.m. Not While factory, street, office bldg, etc.) OR ATTENDING at wark 21. I certify that (I) (this hospital) attended the deceased fram ID FEB be retained director, page 3 should should be filed with the , and that death accurred at ! PM, fram causes and an the date stated above. saw the deceased alive an 22a SIGNATURE 22b. DATE SIGNED ATTENDING M.D. DIRECTOR PHYS. 22d ADDRESS 22c. PHYSICIAN S TO HOSPITAL Poge 4 moy NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION 23b DATE THEREOF LOCATION (City or Tawn) (State) (Specify) IA 2So. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 Charlen



MARYLAND STATE DEPARTMENT OF HEALTH



-	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201				
FOR STATE		CERTIFICATE OF DEATH	2.4		
HEALTH DEPT.	I. PLACE OF DEATH O. COUNTY Charles MARYLAND	2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmo. STATE, Maryland b. COUNTY Charles			
PM3. Pagortment	b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town) Bryantown	c. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest town Bryantown	n)		
form form	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	YES	RESIDENCE A FARM? KNO		
ofter death. If any delay is 8. Give Pages 1, 2, and 3 to along with form PM3. Page with the state Department of within 72 haurs after death.	3. NAME OF DECEASED (Type or print) 6/COLOR OR RACE: 7. MARRIED NEVER MARRIED X		Year 1967 NDER 24 HRS.		
hours of tem 18. Office old ond 2 wr	WIDOWED DIVORCED 100. USUAL OCCUPATION (Give kind of work done during mospetypoting lips even if retired) FUPLIFIED IS	Feb. 6, 1897 for birthdoy) Months Doys Hou yrs. 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHA	AT		
thin 24 hours encil in Item 18 miner's Office pages 1 and 2 v in any event	13. FATHER'S NAME Alfred Young	Charles County, Md. COUNTRYS. A 14. MOTHER'S MAIDEN NAME Ida Marshall	•		
executed will nding" in pe Medical Exar permit. File emoval, ond	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown). (If yes give way or dates of service). 16. SOCIAL SECURITY NO. 17.	INFORMANT Address Bryanto Mrs. Sally Ann Johnson-Sister	own,Md		
be "pe in per it is it i	18. CAUSE OF DEATH (Enter only one couse per line (ct.(a), (b), and (c).)	INTERVAL	BETWEEN ND DEATH		
certificate should be e , writing the word "per orworded to the Chief I used os o burial-tronsit buriol, cremotion, or re	Conditions, if ony, which gove isse to immediate cause (a).	1 01 20-1.	67		
ertificat writing 1 worded sed as o urial, cre	Dast. (c)	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS 1 PERFE	AUTOPSY		
This crifticate, d be followed by und be urior to b	YES No. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 100. DESCRIBE HOW MANY OCCUPRED. (Enter noture of injury in Port I or Port II of item 18.)				
TO DEPUTY MEDICAL EXAMINER: This certificate should necessory, please execute the certificate, writing the word the funeral director. Page 4 should be forworded to the Ct 5 may be retained for your files. O FUNERAL DIRECTOR: Page 3 should be used as a burial-tre Health or its designated agent, prior to burial, cremation,	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 3 20e PLY Hour o.m. While Not While for	ACE OF INJURY (Home, form, Corry, street, office bldg., etc.) (County)	(Stote)		
execute or. Page and for your population of the contract of th	21. I certify that I took charge of the remains described an Autopsy , Inspection , Inquiry , and in my op death resulted from: Notural sauses , Accident , Suicide , Homicide , Undetermined monner ACTUAL SIGNATURE ACTUAL SIGNATURE EXAMINER'S NAME (Type) E. J. Edelen, M. D. La Platadures Street, city, town, or county) P.M. D. ASSISTANT MEDICAL EXAMINER 22. DATE SIGNATURE TOPPUTY MEDICAL EXAMINER TOPPUTY MEDICA				
Y MEDI of direct of direct of direct its design	ACTUAL SIGNATURE Adelen	CHIEF MEDICAL EXAMINER M.D. ASSISTANT MEDICAL EXAMINER 22. DI	ATE SIGNED		
TO DEPUTY MEDICAL EX necessory, please execut the funeral director. Page 5 may be retained for y to FUNERAL DIRECTOR: Po Health or its designated	230. BURIAL, CREMATION, 236 DATE THEREOF 23c. NAME OF CEMETERY OR	Platade SS (Smeet, city, town, or county) C (REMATORY 23d. LOCATION (City or Town) (County)	(State)		
- m	24. FUNERAL DIRECTOR ADDRESS	s Cemetery Bryantown, Marylan 256. RECD BY REGISTRAR 256. REGISTRAR'S SIGNATURE			
VR A15ME (\$ /	Arehart Funeral Home, Inc La Plat	a, Md. DAFEB 16 1967 yellanlas Jua	pt.		

